

Kindergarten Readiness Checklist

Important: Please complete and bring this to Kindergarten Orientation on June 6. If you are unable to attend, you may drop it off at the office at any time before June 9.

Child's Full Name: _____

Parent/Guardian #1: _____

Parent/Guardian #2: _____

Other Information For Our Records:

Child's Date of Birth: _____

Names and Ages of Siblings: _____

Email #1: _____

Email #2: _____

Phone #1: _____ Whose Phone? _____

Phone #2: _____ Whose Phone? _____

Preschool and/or TK Attended (if any): _____

If the child splits time between two homes, please indicate below.

To help us get a sense of your child's current skills, we ask that you complete the following questionnaire. Please rest assured that we do not expect that children have acquired all of these skills before kindergarten. We work on these skills here.

Fine Motor Skills

- | | | |
|--|-----|---------|
| 1. Puts a 10-12 piece puzzle together unassisted | Yes | Not Yet |
| 2. Holds scissors correctly while cutting | Yes | Not Yet |
| 3. Holds a pencil or crayon correctly | Yes | Not Yet |
| 4. Knows how to use a glue stick | Yes | Not Yet |

Gross Motor Skills

- | | | |
|-----------------------------|-----|---------|
| 1. Runs, jumps and skips | Yes | Not Yet |
| 2. Walks backward | Yes | Not Yet |
| 3. Walks up and down stairs | Yes | Not Yet |

Social Skills

- | | | |
|---|-----|---------|
| 1. Speaks clearly so an adult can understand him/her | Yes | Not Yet |
| 2. Plays with other children | Yes | Not Yet |
| 3. Follows 3 or 4 step directions | Yes | Not Yet |
| 4. Uses words instead of being physical when angry | Yes | Not Yet |
| 5. Expresses feelings and needs appropriately | Yes | Not Yet |
| 6. Goes to the bathroom by him/herself | Yes | Not Yet |
| 7. Waits his/her turn and shares | Yes | Not Yet |
| 8. Speaks in complete sentences | Yes | Not Yet |
| 9. Is beginning to solve problems independently | Yes | Not Yet |
| 10. Asks questions about things around him/her | Yes | Not Yet |
| 11. Enjoys having books read to him/her | Yes | Not Yet |
| 12. Can tell a story about a past event | Yes | Not Yet |
| 12. Says "please" and "thank you" | Yes | Not Yet |
| 13. Is comfortable being left with a babysitter or caregiver | Yes | Not Yet |
| 14. Can sit attentively for 10 minutes (not in front of a screen) | Yes | Not Yet |
| 15. Stays with his/her adult and does not wander off | Yes | Not Yet |

Academic Skills

1. Names shapes (square, circle, triangle, rectangle)	Yes	Not Yet
2. Can sort items by color, shape, and size	Yes	Not Yet
3. Can identify 10 parts of his/her body	Yes	Not Yet
4. Understands prepositions such as up, down, in, out	Yes	Not Yet
5. Counts up to 10 objects (has 1:1 correspondence)	Yes	Not Yet
6. Can identify 8 colors	Yes	Not Yet
7. Recognizes a few uppercase letters	Yes	Not Yet
8. Recognizes 20 or more uppercase letters	Yes	Not Yet
9. Draws a person with a head, body, arms, legs, and face	Yes	Not Yet

Personal Information

1. Knows his/her first and last name	Yes	Not Yet
2. Knows how old (s)he is	Yes	Not Yet
3. Knows his/her address	Yes	Not Yet
4. Knows his/her phone number	Yes	Not Yet
5. Knows his/her parents'/guardians' names	Yes	Not Yet
6. Knows his/her birthday	Yes	Not Yet

Final Few Questions:

1. If your child speaks a language other than English, please indicate: _____.
2. Does your child have an IEP? _____
3. Are you interested and available to volunteer in the classroom regularly? _____
4. Are you interested and available to drive on occasional field trips? _____
5. Please list any allergies your child has: _____
6. Is there anything else you think we should know about your child or family?
